2 July 1974

OFFICE OF MEDICAL SERVICES ALCOHOLISM PROGRAM

I. Goal: To run an integrated and effective alcoholism program within OMS. The purpose is to assess the extent of the problem, to identify that problem in employees much earlier, and to take useful steps to minimize the deleterious effect of the problem on job performance.

A. Reasons for the program:

1. Matter of pride in accepting the regulations and statutes that define alcoholism as a problem of medical concern and in conducting a program at least as good as that of any other organization.

2. Humanitarian in some manner: a basic and often unstated ideal in physicians' motives that should match other clinical activities and concerns within OMS.

3. "Political": We should be able to answer positively and authoritatively to any Agency management query about the Agency (or OMS) Alcoholism Program. Hopefully the OMS program would have sufficient depth so that we would not need to respond to outside queries defensively.

B. Scope:

1. To focus on the medical aspects of the problem. This limitation to remain in the medical sphere is to leave the broader responsibilities of an Agency Alcoholism Rehabilitation Program to the Alcohol Program Coordinator in the Office of Personnel. These broader responsibilities are considered to include general education, supervisor training, and administrative management and suasion.

2. OMS is to assume an advisory or consultative role to the Office of Personnel with respect to the Office of Personnel's broader responsibilities.

3. OMS is to respond in a confidential manner to the unilaterally (OMS only) discovered case without reporting the employee to the Office of Personnel's Alcohol Program Coordinator. These cases are to include employee self-referrals and cases suspected or surfaced during official but routine medical evaluations in the different categories.

4. OMS is to respond to the employees' or supervisors' requests for consultations without reporting to the Alcohol Program Coordinator. The responsibility for reporting cases of alcoholism to the Alcohol Program Coordinator should lie outside OMS. In the case of the fitness for duty examination, the OMS report to the OP/SAS is in the category of a consultation to OP/SAS.

II. Missions or Subsets of the Broad Goal: Use should be made of the capabilities of the OMS components.

A. PSS: This office could initiate and sustain a research program within the discipline of psychology. Possible goals might be to

1. Help in identifying early signs of problem drinking;

2. Consider the usefulness of an attitude survey as an aid in determining the extent of the problem within the Agency;

3. Remain current with the psychological literature on alcoholism.

B. CD:

1. To use all CD data (including multiphasic testing) in identifying the extent of the problem, both on an individual case basis and epidemiologically.

2. To provide clinical expertise in establishing diagnostic criteria.

3. To provide clinical expertise in diagnosis and treatment.

4. To remain current on the medical literature on alcoholism.

C. PS: A general consensus seems to be that alcoholism, as an entity, is a psychiatric problem. PS function would be to

1. Coordinate PS data with all other data in identifying the extent of the problem;

2. Provide psychiatric clinical expertise in establishing the in-house diagnostic criteria;

3. Provide psychiatric clinical expertise in the treatment and management of clinical cases;

4. Remain current on psychiatric literature on alcoholism.

III. Objectives, or Steps to Implement the Program.

A. Designate the functional authority within OMS responsible for the CD, PS, and PSS participants.

B. Designate the responsible individuals from each OMS component to participate in the OMS Alcoholism Program.

C. Use the OMS participants to establish the current criteria for the diagnosis (to include degrees of severity), treatment, and the appropriate monitoring of cases. This group is to be responsible for the broader judgments on efficacy of approach, the defining of counseling roles and treatment facilities, and in representing OMS views to the Alcohol Program Coordinator and to Agency management.

D. Establish a register of cases from all sources and categorize these cases in an attempt to define epidemiologically the extent of the problem within the Agency using input from

1. Case reports (formal and informal) from non-OMS sources;

2. CD exams;

3. PS exams;

4. Multiphasic testing (which has a potential for defining Agency personnel drinking habits).

5. PSS might deem it useful to contribute data from an attitude survey.

E. Test the OMS program from time to time with the outside world by establishing liaison with non-Agency experts -- while at the same time maintaining a sharp critical faculty.

F. Report annually on the state of the OMS Alcoholism Program.

EDITORIAL COMMENT

Some of the motivation for this format was in response to MBO programs. Hopefully the thrust of this format would adapt itself simply to MBO and provide a rational approach to the alcoholism problem. If basic questions such as "What are we doing?" can be answered in this format, this format could serve as a guideline for other diseases dealt with in OMS. With this perspective, the question as to why alcoholism should be a disease requiring separate consideration can fade into the background. Or, conversely, it appears to be a problem (or disease) ranking slightly behind cancer and heart disease in its magnitude and impact, and we are already dealing with those diseases in a more effective manner.

Questions have been raised informally as to the "ethics" of a register and whether a register and program would be a dangerous weapon in "nonresponsible" hands. Such questions are perplexing because they must stem from concerns not readily apparent. A well-defined program should maintain the medical ethics in dealing with this problem.

Alcoholism and alcohol abuse are emerging as a glamor disease and are the object of new monies and funds for programs. There seems to be either an hysteria or an excessive missionary zeal connected with these programs based on data that should be questioned. A well-established and thoughtful OMS program should serve as a cooler head prevailing in this current atmosphere. For instance, differing figures state that 4½ to 10 percent of Agency personnel would be afflicted with the problem. The Agency myth is ambivalent with one attitude being that such a problem could not exist in a security organization, and the other being that the traditional hardworking Agency employee must uphold his reputation as a prodigious imbiber. Current available OMS data does not support or rule out any of the above views. Yet there are sufficient numbers of clinical cases to make this effort worthwhile even if the Agency does not approach some of the projected rates for alcoholism.

Agencywide efforts thus far toward an Agencywide alcoholism program have been of a superficial and shotgun nature with the feeling that "if we're talking about alcoholism it must be good." A result is that sometimes hours are spent talking or acting aimlessly with no defined goal in mind other than to "do good in the community."

In the format here suggested, very little, if any, additional monies or time need be spent beyond our existing facilities. Certainly PS is currently attempting to deal with the problems within our present structure. CD has a long history and tradition of collecting health data so that the only recommended change in that quarter would be to organize the currently existing data. The PSS contribution as yet is an untried unknown quantity.

Some time could be saved with a defined program which could then let us avoid some conferences and meetings as being non-effective.

Figures are published regularly about the losses in dollars and manhours related to alcoholism. As a matter of professional pride, these figures should be examined in their many ramifications to gain a more healthy perspective; otherwise we're in the danger of believing such figures.

Nonetheless, the problem is with us and it would be professionally satisfying to deal with it in a concerted and effective manner.

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